

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-8-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97265.

II. FINDINGS

The respondent denied reimbursement based upon “G – Included in Global Fee. The value of this service is included in the value of another service billed on the same date.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-11-02 11-15-02 11-20-02 11-25-02 11-29-02 12-2-02 12-6-02 12-9-02 12-11-02 12-13-02 12-16-02 12-18-02 12-20-02 12-23-02 1-2-03	97265	\$43.00	\$0.00	G	\$43.00	Medicine GR (I)(B)(1)(b) CPT Code Descriptor Medicine GR (I)(A)(10)(a)	<p>The requestor billed an office visit with chiropractic manipulation and physical therapy services on the disputed dates of service.</p> <p>97265 is defined as a physical therapy activity per Medicine GR (I)(A)(10)(a) and 99213MP is a manipulation performed by a doctor. The 97265 is not global to 99213MP or any of the other physical therapy services rendered on this date; therefore, the insurance carrier incorrectly denied reimbursement based upon “G”.</p> <p>On 11-11-02, 11-15-02, 11-20-02, 11-25-02, 11-29-02, 12-2-02, 12-6-02, 12-9-02, 12-13-02, 12-16-02, 12-18-02, 12-20-02, 12-23-02 and 1-2-03 the insurance carrier already reimbursed the requestor for 4 physical therapy services; therefore, on these 2 dates the requestor exceeded the number of services allowed per MFG. The Medical Review Division cannot recommend payment that exceeds the limits established in Medicine GR (I)(A)(10) a).</p> <p>The requestor is entitled to reimbursement for date of service 12-11-02 of \$43.00.</p>

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (97265) in the amount of **\$ 43.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$43.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 06th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division